

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

Page 1 of 3

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<u>10/15/2017</u>	<u>New FRESH Bread Bake Shop</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	<u>9:30 AM</u>	<u>1:00 PM</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	SANITARY PERMIT NO.	LOCATION (Address)
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<u>170000581</u>	<u>Lot 1-21 - New TRST 169 # 169</u> <u>North point comm center Kennesaw ST 7550, Ga</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>Bakery</u>				<u>1</u>	<u>653-2112</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>2</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
8	<input checked="" type="checkbox"/> IN	OUT				6
<b>Approved Source</b>						
9	<input checked="" type="checkbox"/> IN	OUT				6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
11	<input checked="" type="checkbox"/> IN	OUT				6
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
<b>Protection from Contamination</b>						
13	<input checked="" type="checkbox"/> IN	OUT	N/A			6
14	<input checked="" type="checkbox"/> IN	OUT	N/A			6
15	<input checked="" type="checkbox"/> IN	OUT				6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
20	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
<b>Consumer Advisory</b>						
22	<input checked="" type="checkbox"/> IN	OUT	N/A			6
<b>Highly Susceptible Populations</b>						
23	<input checked="" type="checkbox"/> IN	OUT	N/A			6
<b>Chemical</b>						
24	<input checked="" type="checkbox"/> IN	OUT	N/A			6
25	<input checked="" type="checkbox"/> IN	OUT				6
<b>Conformance with Approved Procedures</b>						
26	<input checked="" type="checkbox"/> IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27	<input checked="" type="checkbox"/> IN		Pasteurized eggs used where required			1
28	<input checked="" type="checkbox"/> IN		Water and ice from approved source			2
29	<input checked="" type="checkbox"/> IN		Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30	<input checked="" type="checkbox"/> IN		Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="checkbox"/> IN		Plant food properly cooked for hot holding			1
32	<input checked="" type="checkbox"/> IN		Approved thawing methods used			1
33	<input checked="" type="checkbox"/> IN		Thermometer provided and accurate			1
<b>Food Identification</b>						
34	<input checked="" type="checkbox"/> IN		Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35	<input checked="" type="checkbox"/> IN		Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/> IN		Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/> IN		Personal cleanliness			1
38	<input checked="" type="checkbox"/> IN		Wiping cloths: properly used and stored			1
39	<input checked="" type="checkbox"/> IN		Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40	<input checked="" type="checkbox"/> IN		In-use utensils: properly stored			1
41	<input checked="" type="checkbox"/> IN		Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="checkbox"/> IN		Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="checkbox"/> IN		Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44	<input checked="" type="checkbox"/> IN		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/> IN		Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/> IN		Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47	<input checked="" type="checkbox"/> IN		Hot & cold water available, adequate pressure			2
48	<input checked="" type="checkbox"/> IN		Plumbing installed; proper backflow devices			2
49	<input checked="" type="checkbox"/> IN		Sewage and wastewater properly disposed			2
50	<input checked="" type="checkbox"/> IN		Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="checkbox"/> IN		Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/> IN		Physical facilities installed, maintained, and clean			1
53	<input checked="" type="checkbox"/> IN		Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54	<input checked="" type="checkbox"/> IN		Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)  
Dolores Gary  
DEH Inspector (Print and Sign)  
Darlene Mitchell

Date: 10/15/17  
Follow-up (Circle one): YES ☒ NO ☐ Follow-up Date

# Food Establishment Inspection Report

Page 2 of 2

new Fresh Bread Bake shop

LOCATION (Address) Lot 1-21- new Trct 169 #169  
North Point Comm' Center 16155 N ST 4100 169

10 / 5 / 2017

170000581

Zantua, Zenaida

[illegible]

Temperature (° F)

Item/Location

Temperature (° F)

ITEM NO.

### OBSERVATIONS AND CORRECTIVE ACTIONS

**CORRECT  
BY DATE**

**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY AND THE FOLLOWING VIOLATIONS WERE OBSERVED.

#38	WIPING CLOTHS NOT STORED IN SANITIZER
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11/5/2017

ALL WIPING CLOTHS SHALL BE STORED IN SANITIZER IN BETWEEN EACH USE TO ALLOW THOROUGH CLEANING

#45	GLOVE IS COVERING FACUET <del>FOR THE</del> <sup>ON</sup> OF THREE COMPARTMENT SINK AND CHEMICAL TEST STRIP NOT PROVIDED
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THREE COMPARTMENT SINK SHALL BE IN GOOD WORKING

11/5/2017

CONDITION AND CHEMICAL TEST STRIPS SHALL BE PROVIDED. THIS IS TO ENSURE PROPER <sup>DEK</sup> WASH CLEANING OF EQUIPMENT AND ENSURING THAT THE PROPER STRENGTH OF SANITIZER IS USED.

#50	REST ROOM DOOR HAS BEEN REMOVED FROM REST ROOM IN KITCHEN AREA.	4/5/2017
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RESTROOM DOOR SHALL BE PROVIDED TO PREVENT THE ENTRANCE AND EXITING OF PESTS.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

**Person In Charge (Print and Sign)**

Dolores Gloriz

Date: \_\_\_\_\_

10/5/17

DEH Inspector (Print and Sign)

Date \_\_\_\_\_

10/5/2017

Rev: 08.27.15

**White: DPHSS/DEH**

**Yellow: Food Establishment**

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

Page 3 of 3

ESTABLISHMENT NAME New Fresh Bread Bake Shop		LOCATION (Address) Cot 1-21-New TRCT 169 #169 North Point COMM'L Center 16685105 ST Yigo, PR 00706
INSPECTION DATE 10/15/2017	SANITARY PERMIT NO. 170000581	PERMIT HOLDER Zanthera, Zena:da

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

NOTE: ESTABLISHMENT HAS CONVERTED RESTROOM IN KITCHEN AREA INTO A FOOD PREPARATION ROOM FOR THE MANUFACTURING SANITARY PERMIT. (TOILET) WAS ALSO REMOVED. THIS ESTABLISHMENT ~~SHALL~~ HAS ~~NOT~~ NOT BEEN APPROVED BY THE DIVISION OF ENVIRONMENTAL HEALTH PLANNING SECTION TO CONVERT ANY ROOMS. THE REST ROOM IN THE KITCHEN AREA SHALL NOT BE USED UNTIL APPROVED BY THE DIVISION OF ENVIRONMENTAL HEALTH PLANNING SECTION.

PHOTOS WERE TAKEN  
BRIEFED PIC ON THIS INSPECTION  
ISSUED "A" PLACARD NO. 02933

NOTE: OTHER RESTROOMS THAT ARE IN COMPLIANCE ARE PROVIDED IN THIS ESTABLISHMENT.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <i>Dolores Gloria</i>	Date: 10/15/17
DEH Inspector (Print and Sign) <i>Debra Mitchell EPHO-II</i>	Date: 10/15/2017
<i>Jerome Garcia EPHO-I</i>	